Ø M **(3)** 2 M

FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

2014 APR -1 AM 9: 42

PATIGO INSO CONTAINER NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. การการใช้อาการใหล่ยาครูสาทา สาการกฤษก TO ELECT RUBERT GANAWA ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 1/ONR ASSIGNES C FEC IDENTIFICATION NUMBER > NEW (N) IS THIS STATEMENT OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100